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CONFIRMATION NO. 5403

<b>SERIAL NUMBER</b> 10/772,525	<b>FILING OR 371(c) DATE</b> 02/05/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 960296.00002.P03110	
<b>APPLICANTS</b> Walter Block, Madison, WI; Arjun Arunachalam, Madison, WI;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/478,891 06/16/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/04/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> <i>ICC.</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 27114					
<b>TITLE</b> Background suppression method for time-resolved magnetic resonance angiography					
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		